

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)

A. Agency code and subelement, and submitting office number (xx-xx-xxxx)	B. Standard document number (Org identifier/ FY, Doc./ type code/ Serial number)	C. Request Status or Process Code (X one)		D. Amendment No.		
			(1) Initial			(2) Resubmission
			(3) Correction			(4) Cancellation


Section A - TRAINEE / APPLICANT INFORMATION

1. Name <i>(Last, First, Middle Initial)</i>	2. 1st 5 letters of last name		3. Social Security Number		4. Ed. level	5. Continuous Federal Svc	
						a. Years	b. Months
6. Home Address <i>(Street, City, State and ZIP Code) (optional)</i>	7. Phone Numbers <i>(Include area code)</i>			8. Position Title			
	a. Home						
	b. Office			9. Position Level <i>(X one)</i>		10. Pay Plan / Series / Grade / Step <i>(Rank/ MOS/AFSC/or Navy Designator)</i>	
11. Organization Name	(1) Commercial			a. Executive			
	(2) Autovon			b. Manager			
12. Organization Mailing Address <i>(Include ZIP)</i>	13. Organization UIC				c. Supervisory	14. Type of Appointment	15. No. prior non-government training days
	16. Are you handicapped or disabled? <i>(X one)</i>		Yes		d. Non-Supervisory		
			No		e. Other <i>(Specify)</i>		



Section B - TRAINING COURSE DATA

17. Course Title									
18. Training Objectives <i>(Benefits to be derived by the Government)</i>						19. Recommended Training Source, School or Facility			
						a. Name			
						b. Mailing address <i>(Include ZIP)</i>			
20. Course Codes						c. Location of training site <i>(If other than 19b)</i>			
a. Purpose		f. Security Clearance		k. Training Program					
b. Type		g. Allocation Status		l. Reason for Selection					
c. Source		h. Priority		23. Training Period <i>(YYMMDD)</i>		21. Course hours <i>(4 digits)</i>		22. Course Identifiers	
d. Special Interest		i. Training Level		a. Start		b. Non-duty		b. Catalog / Course	
e. Training Vendor		j. Method of Training		b. Complete		c. TOTAL		c. Offering / TLN	

Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box 										
25. Direct Costs			26. Indirect Costs <i>(For information only)</i>			27. Accounting Classification				
a. Tuition cost		a. Travel cost								
b. Books, material, other		b. Per diem/other costs								
c. Total direct costs		c. Total indirect costs								
d. Funding source			28. Labor Costs			29. Signature of Fiscal Officer (Follow local procedure)				30. Total of Direct & Indirect Costs
31. Job Order No.										

Section D - APPROVAL / CONCURRENCE / CERTIFICATION

32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)					33. Training Officer: I certify this training meets regulatory requirements.				
a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)		a. Typed Name (Last, First, Middle Initial)			b. Phone number (Include area code)	
c. Signature & Title				d. Date	c. Signature & Title				d. Date
34. Authorizing Official					35. Course Acceptance (To be completed by school official)				
a. Action (X one)				(1) Approved		(2) Disapproved			
b. Typed Name (Last, First, Middle Initial)			c. Phone number (Include area code)		a. Accepted		c. School Official Signature		d. Date
					b. Not Accepted				
36. Course Completion (To be completed by school official)									
d. Signature & Title				e. Date	a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. 			b. Actual Completion Date (YYMMDD)	c. Grade
37. Billing Instructions (Identify discount terms % days.) Furnish original invoice and 3 copies to:					d. Signature & Title				e. Date
					38. Certifying Government Official				
					a. I certify that this account is correct and proper for payment in the amount of: \$				
					b. Signature				c. Date Signed
					d. DSSN Number		e. Check Number		f. Voucher Number

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

Section E - TERMINATION AND EVALUATION DATA *(To be completed by trainee)*

39. Was course completed <i>(X one)</i> <input type="checkbox"/> a. Yes <i>(If not, return form with a memo explaining circumstances)</i> <input type="checkbox"/> b. No		40. Actual course dates <i>(YYMMDD)</i> a. Commenced _____ b. Completed _____		41. Actual course hours a. Duty _____ b. Non-duty _____		42. Academic grade / score		
43. Were all sessions attended? <i>(X one)</i> <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <i>(Explain reason)</i>								
44. What were your objectives in taking this course? Were they met?								
AREAS OF EVALUATION <i>X appropriate column to indicate your evaluation of items 45 through 56. Do not attempt to split a rating.</i>						RATING		
						A	B	C
45. Stated objective accomplished	A - Yes	B - Partially	C - No					
46. Coverage of subject matter	A - Excellent	B - Sufficient	C - Poor					
47. Organization of subject matter	A - Well organized	B - Adequate	C - Poorly organized					
48. Suitability of instructional materials	A - Excellent	B - Adequate	C - Poor					
49. Level of difficulty	A - Too advanced	B - Appropriate	C - Too elementary					
50. Length of course	A - Too long	B - Appropriate	C - Too short					
51. Amount of outside or evening work	A - Too much	B - Appropriate	C - Insufficient					
52. Effectiveness of instructors	A - Excellent	B - Good	C - Poor					
53. Applicability of subject matter to the job	A - Significant	B - Adequate	C - Insignificant					
54. Facilities	A - Excellent	B - Good	C - Poor					
55. Recommendation to colleagues	A - Highly recommend	B - Recommend	C - Not recommended					
56. Meet career development plans	A - Yes	B - No	C - Not applicable					
57. Comments on course strengths / weaknesses								

Section F - SUPERVISORY COMMENTS *(To be completed by trainee's immediate supervisor)*

58. Have you discussed this course and its application to the job with this employee? <i>(X one)</i>		<input type="checkbox"/> a. Yes	<input type="checkbox"/> b. No
59. What are your objectives in having employee attend course? <i>(Complete at time of nomination)</i>			
60. Were the objectives of the training achieved?			
61. Additional comments			
62. Supervisor a. Signature _____ b. Date _____		63. Trainee a. Signature _____ b. Date _____	

PRIVACY ACT STATEMENT

AUTHORITY: The Government Employees Training Act of 1958 (*USC, Title 5, 4101 to 4118*) EO 9397, November 1943 (SSN).

PURPOSE AND USE: Used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.